

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1				1		31	
2		1				1	32	
3							33	
4		1				1	34	
5	1				1		35	
6		2				2	36	
7		2				2	37	
8		2				2	38	
9		2				2	39	
10		2				2	40	
11		2				2	41	
12		2				2	42	
13	1				1		43	
14						1	44	
15					1		45	
16							46	
17							47	
18							48	
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							99	
							100	
TOTAL IND.	3				4		TOTAL IND.	
TOTAL DEP.	17				18		TOTAL DEP.	
TOTAL CLAIMS	20				22		TOTAL CLAIMS	